

ILHIE COMMITTEE OF THE WHOLE MEETING

November 7th, 2013
10:45 AM



- Welcome
- Roll Call
- New ILHIE Treasurer
- New Slate of Advisory Committee Members
- ILHIE Data Security & Privacy Committee Recommendations
- Mid-December Conference Call for additional Data Security & Privacy Committee Recommendations
- Preview of Board Meeting
- Public Comment
- Adjourn



ILHIE AUTHORITY BOARD MEETING

November 7th, 2013
12:00 PM



- Welcome
- Roll Call
- Approval of Agenda
- Approval of September 18th Meeting Minutes



ILHIE Executive Director Update

Raul Recarey



New ILHIEA Team Members

- ✓ Tom Nowak – CFO and ILHIE Treasurer
- ✓ Steve Linthicum – Technical Engagement Manager Public Health
- ✓ Krysta Heaney – Policy, Privacy & Compliance Manager

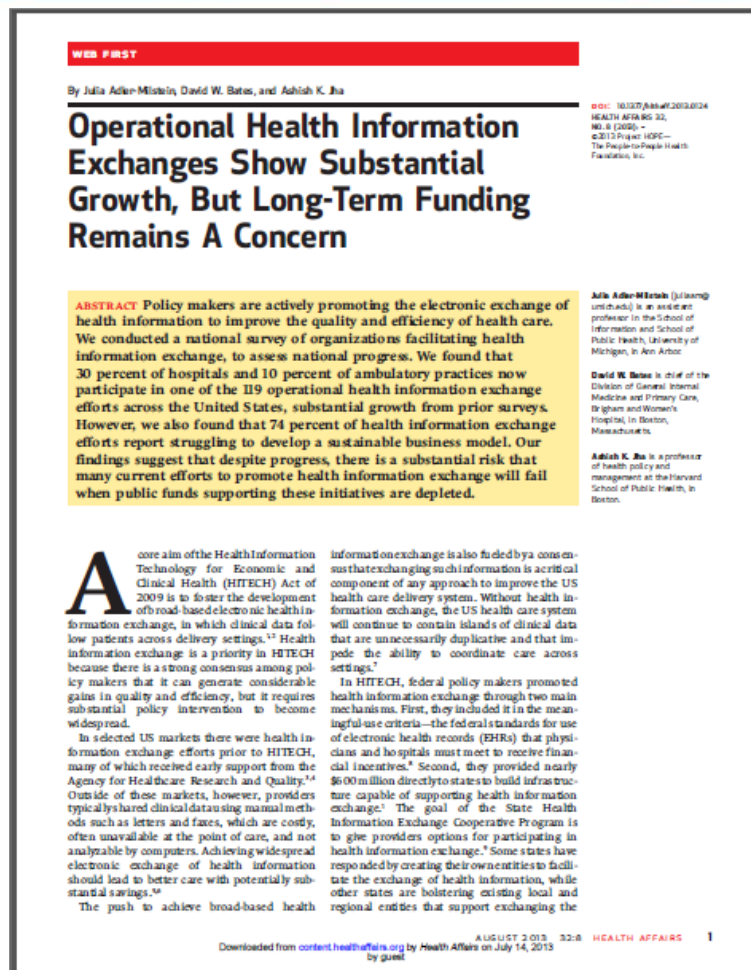


HIE Trends and Drivers



Key Findings

- **HIE Utilization Trending Upwards:** In 2012, **119 HIE** efforts were actively exchanging clinical data—a 61% increase from the 75 operational efforts reporting data exchange in 2010.
 - **Overall Penetration Is Low:** Hospitals and ambulatory practices were the most common participants in data exchanges. In 2012, 1,398 hospitals (30 %) and 23,341 ambulatory practices (10 %) were participating in the **119** operational health information exchange efforts.
- Payers participated and paid to participate in fewer than half of the operational efforts.**
- Participation among independent pharmacies was even more limited.
- **Long term sustainability still a concern:** Only **24%** of the operational HIEs reported that operating costs were being covered by revenue from participants.



A **June 2013** study released by HIMSS Analytics reports that nearly **half** of physician practices **plan** to join an HIE.

Of the **46%** physician practices that said they plan to join an HIE:

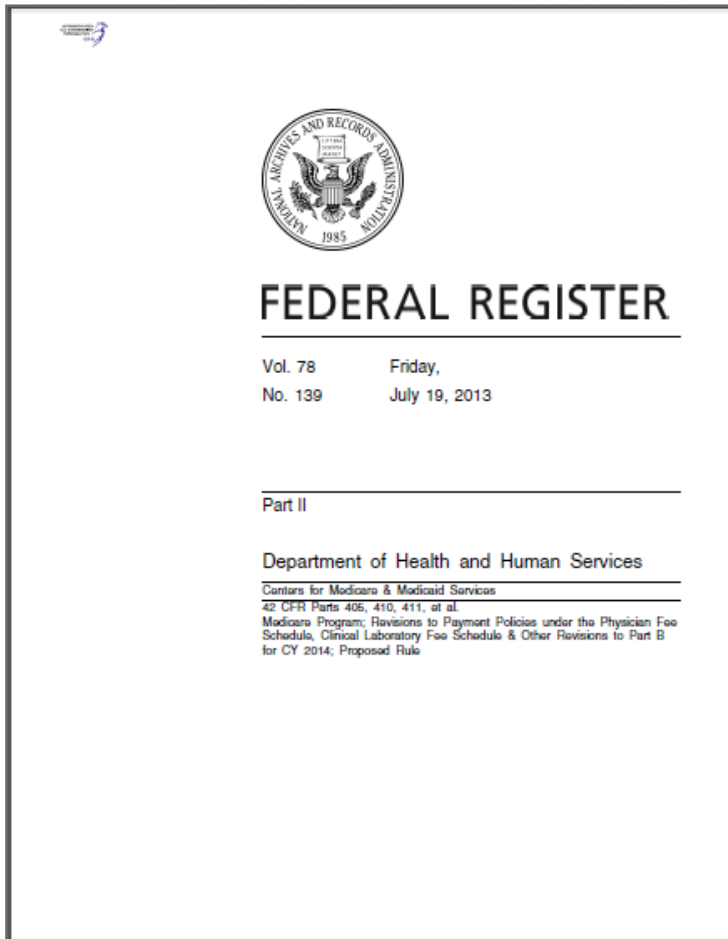
- **19%** preferred a state-run HIE;
- **16%** preferred an exchange connected to a hospital or health care system; and
- **11%** preferred a regional exchange.



Health Reform... Creating Demand from the Bottom Up



Summary



- **On July 19, 2013, CMS released 605 page proposed rule:** *Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014.*
- Beginning in 2015, CMS proposes to pay providers for patient care-management activities that don't involve face-to-face contact and would set an unspecified fee for initial consultations and another for ongoing management of chronically ill patients.
- CMS noted that providing care management to Medicare beneficiaries with two or more chronic conditions “requires complex and multidisciplinary care modalities” and the resources needed to do this “are not adequately reflected” in existing evaluation and management codes.
- Reimbursement could cover a range of care coordination activities including: “regular physician development and/or revision of care plans; subsequent reports of patient status; review of laboratory and other studies; communication with other health professionals not employed in the same practice who are involved in the patient's care; integration of new information into the care plan; and/or adjustment of medical therapy.”

Implications

Payments that reward providers' care coordination efforts will fuel demand for health IT capabilities including HIE, patient engagement tools, analytics, etc.

Top Issues and Concerns Facing HIE's

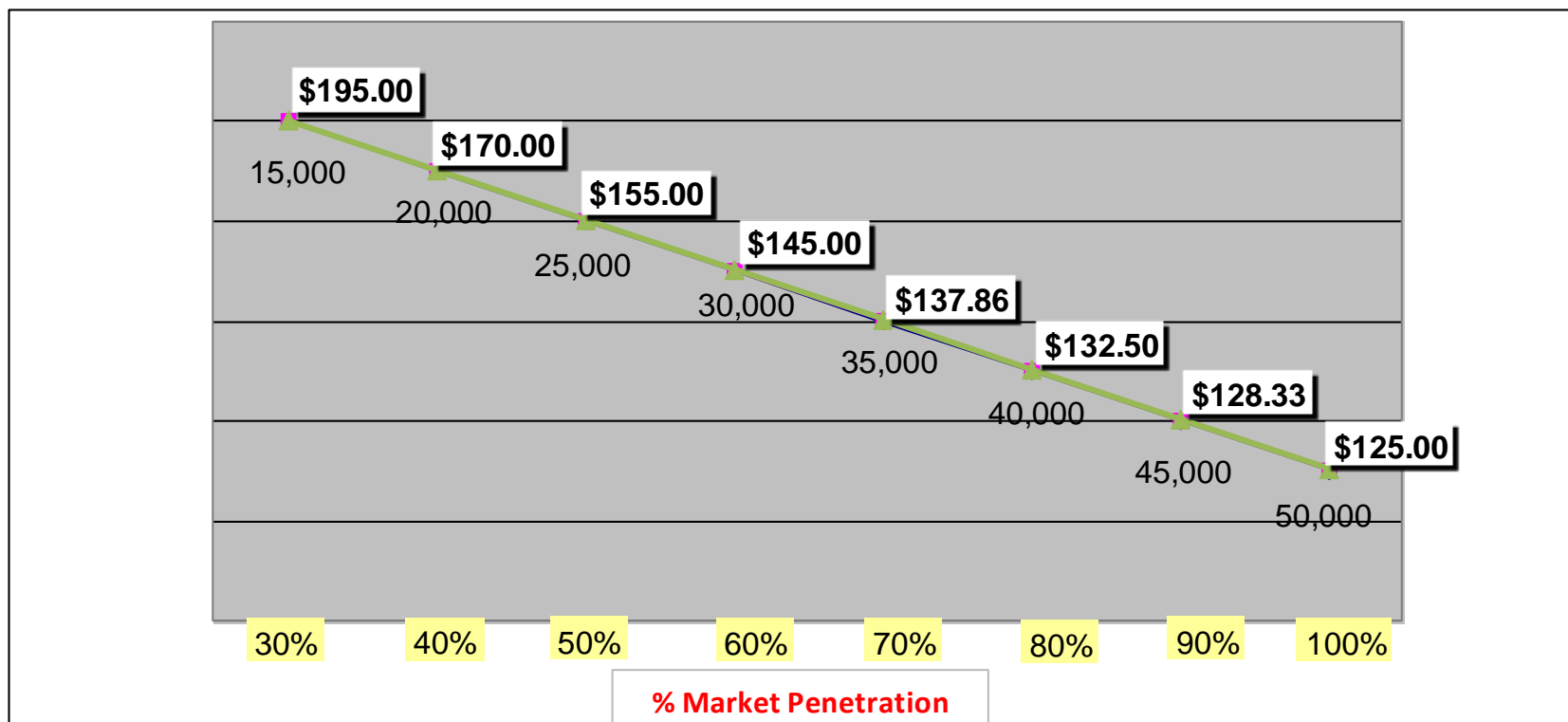
- ✓ The recurring main obstacle to HIEs and RHIOs is long term financial sustainability - the lack of a sustainable business model.
- ✓ The lack of mature, agreed standards around interfaces, patient consent and patient identification. Lack of interoperability between various EHR systems.
- ✓ HIE requires collaboration among competitors and the healthcare industry has difficulty with this prospect at this stage.

How is ILHIE addressing these?



How is ILHIE Addressing These?

1. Great Pricing Framework



*Fee is per provider per year

Note: The ILHIE fee is calculated by dividing total costs into the total number of connected providers, so as more providers join the ILHIE network, the unit amount of the ILHIE fee decreases.

How is ILHIE Addressing These?

1. Great Pricing Framework
2. Promoting connectivity and enhancing value of ILHIE



Agreement Signed with Missouri



How is ILHIE Addressing These?



1. Great Pricing Framework
2. Promoting connectivity and enhancing value of ILHIE
3. Close alliance with largest purchaser: Medicaid



Medicaid RFP: Accountable Care Entities (ACE's)



Accountable Care Entity (ACE) x

www2.illinois.gov/hfs/PublicInvolvement/cc/ACE/Pages/default.aspx

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Family Services

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HFS > Public Involvement > Care Coordination >

Accountable Care Entity (ACEs)

An Accountable Care Entity (ACE) is a new model of an integrated delivery system created under SB26, passed by the General Assembly in May 2013, and signed into law on July 22, 2013 ([Public Act 98-104 \(pdf\)](#)). This will be the fourth model providing "care coordination services" for Medicaid clients, and will have these elements: (1) will be organized by providers and will coordinate a network of Medicaid services; (2) will initially enroll children and their family members, with an option to enroll "newly eligible" adults under ACA; (3) will each be large enough to have impact for a population: at least 40,000 clients in Cook County, 20,000 in collar counties, 10,000 downstate; (4) will include at a minimum the following types of providers: primary care, specialty care, hospitals, and behavioral healthcare; (5) will have a governance structure that includes each type of provider; (6) will build an infrastructure to support care management functions among the providers in the network, such as health information technology, risk assessment tools, data analytics, and communication with Medicaid members; and (7) will be on a 3-year path to a new payment structure different from the current fee-for-service: shared savings within first 18 months, partial risk after 18 months, and full risk after 3 years.

On August 1, 2013, HFS released the solicitation requesting proposals from new entities by January 3, 2014, five months from the release of the Solicitation. The link to the Solicitation is below. Questions and comments can be directed to HFS.ACE@illinois.gov.

Response to ACE Solicitation

- ACE Letters of Intent Received

Care Coordination

- [Accountable Care Entity \(ACEs\)](#)
- Innovations Project, Seniors and Persons with Disabilities
- Innovations Project, Children with Complex Health Needs (CCMN)
- Medicare-Medicaid Alignment Initiative (MMAI)
- Integrated Care Project & Expansion
- Innovations Project Matchmaking

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Accountable Care Entity (ACEs) 25 Letters of Intent Received



Accountable Care Entity (ACE) x

www2.illinois.gov/hfs/PublicInvolvement/cc/ACE/Pages/AccountableCareEntityLettersofIntent.aspx

HFS > Public Involvement > Care Coordination > Accountable Care Entity (ACE) >

Accountable Care Entity (ACEs) Letters of Intent Received

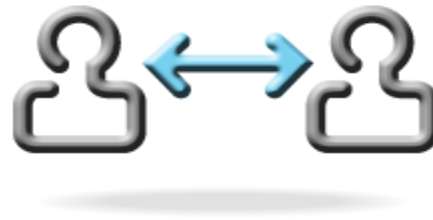
1. [ACCESS CommunityHealthNetwork\(pdf\)](#)
2. [Accountable Care Chicago \(pdf\)](#)
3. [Advocate Physician Partners \(pdf\)](#)
4. [Alexian Brothers Health System \(pdf\)](#)
5. [Cadence Health \(pdf\)](#)
6. [Chicago South Side \(pdf\)](#)
7. [First Health of Illinois \(pdf\)](#)
8. [Heritage Provider Network \(pdf\)](#)
9. [Independent Physician's ACO of Chicago \(pdf\)](#)
10. [Jackson Park Hospital Foundation \(pdf\)](#)
11. [Loretto Hospital \(pdf\)](#)
12. [Loyola University Health Systems \(pdf\)](#)
13. [Medical Home Network \(pdf\)](#)
14. [North Shore University Health System \(pdf\)](#)
15. [Peoria Regional Organized System of Care \(Methodist Medical Center\) \(pdf\)](#)
16. [Presence Health Partners \(pdf\)](#)
17. [Proviso Township \(Path to Wellness\) \(pdf\)](#)
18. [Rockford Health Alliance \(pdf\)](#)
19. [Rockford Health System \(pdf\)](#)
20. [Sinai Health System and Consortium \(pdf\)](#)
21. [St. Mary's Good Samaritan \(pdf\)](#)
22. [The Carle Foundation \(Illinois Hospital Alliance\) \(pdf\)](#)
23. [Thorek Memorial Hospital \(pdf\)](#)
24. [Unified Physicians Network \(pdf\)](#)
25. [Unity Point \(pdf\)](#)

Care Coordination

- Accountable Care Entity (ACEs)
- Innovations Project, Seniors and Persons with Disabilities
- Innovations Project, Children with Complex Health Needs (CCMN)
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start

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- **Connection through ILHIE an ACE contract requirement**

Organizations using EHR connect bi-directionally

Organizations without EHR connect via Direct



Question	Response
<p>HIT 11</p> <p>Will ACE's "have" to connect to the ILHIE or will they be able to use other health information exchanges?</p>	<p>Connection to ILHIE can be accomplished either directly or indirectly. Connectivity can occur either via a direct connection and <u>Data Sharing Agreement</u> (DSA) between the provider and ILHIE, or through a third party source – such as any other HIE that is: a) connected to ILHIE and b) offers a connection or pathway to ILHIE as a service to its clients or members.</p>

Medicaid Meaningful Use Administrative Funds

Other States' Use of Funding



ST	Core Services	State Staff	Public Health	Connectivity to Claims Data	Qualified Orgs	Discounts for HIE Connectivity	Value Added HIE Services	REC Enhancement
AZ						●		
FL						○		
IA	●							
KS				○				
KY		●		●				●
MO		●						
MA	●		●					
NC	●	●	●			○		
NJ		●	●	●	●		●	●
NY	○		○					●
OK		●		●				
RI	●							
TN	●	●	●	●	●			
UT							●	
VA	○							
VT	●	●	●				●	
WI			●					
WY	○			○				

Legend: ● Approved I-APD; ○ I-APD in development

How is ILHIE Addressing These?

1. Great Pricing Framework
2. Promoting connectivity and enhancing value of ILHIE
3. Close alliance with Medicaid
4. Connection to Veterans Administration



40% of VA patients receive care at Private Hospitals





- Formal communication going out to **46** Health Systems
- **8** Health Systems in contract negotiations with ILHIE
- **8** Health Systems internally evaluating



How is ILHIE Addressing These?



1. Promoting connectivity and enhancing value of ILHIE
2. Close alliance with Medicaid
3. Connection to Veterans Administration
4. Connection to SSA





Social Security



SSA receives **3.1 million** disability requests annually...
resulting in **15 million** medical records requests
(*These require medical records data*)

- Number of SSA requested queries for IL in 2012 was: 108,000
- Agreement with SSA reimburses ILHIE \$15 per query
- Estimated reimbursement opportunity: $108,000 \times \$15 = \text{\textcolor{red}{\$1,650,000}}$
- **More good news:**

Quick disability determination increases Illinois hospital revenue



How is ILHIE Addressing Standards?



- We support & promote National Standards
 - IHE profiles (*Integrating the **H**ealthcare **E**nterprise*)
 - HL7
 - Standard vocabularies such as: LOINC, SNOMED, ICD, etc.
- We require conformance from our clients
- Regularly participate in meetings and conferences
 - ONC
 - Medicaid Enterprise Systems Conference
 - Stewards of Change
 - New York eHealth Collaborative

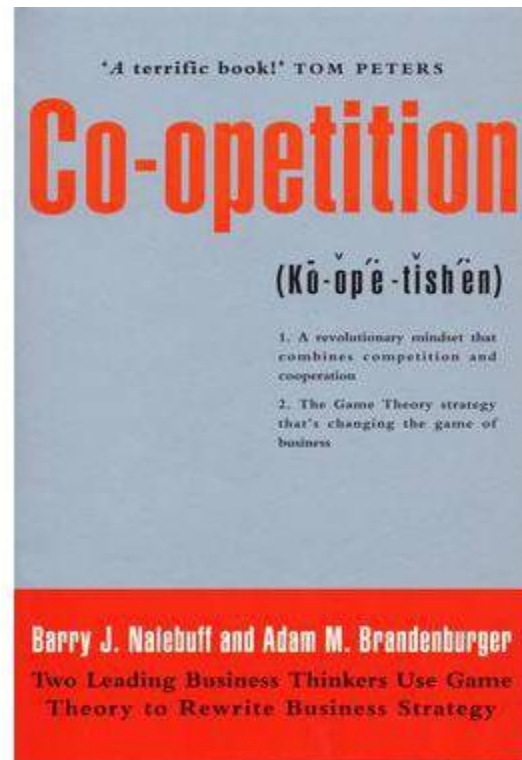


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Co-opetition:

“Co-opetition is a business strategy based on a combination of cooperation and competition, derived from an understanding that business competitors can benefit when they work together”.



The essence of “coopetition” is that you cooperate with others to increase the size of the pie, and then compete in cutting it up.



Many industries have already embraced it – Healthcare to catch up. Competition based on services provided, not who has data.

A few examples:

- Telecom
- Airlines
- Banking
- Biotech

Cooperation that helps build a larger overall market benefits everyone. **Standards development** is one such form of cooperation.

Additional Reading - Research Sources



1. Health information exchange: persistent challenges and new strategies: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2995716/>
2. Survey: Docs name interoperability, infrastructure barriers to HIE :<http://www.clinical-innovation.com/topics/health-information-exchange/survey-docs-name-interoperability-infrastructure-barriers-hie>
3. HIE Orgs. Concerned Over Sustainability, Survey Reports: <http://www.healthcare-informatics.com/news-item/hie-orgs-concerned-over-sustainability-survey-reports>
4. Barriers to Health Information Exchange Discussed During Day-Long Hearing in Washington: http://www.cio-chime.org/advocacy/AdvocacyCorner_02012013.asp?Print=ON
5. Policy Direction Overrides Technology in Setting Stage for HIE: <http://www.cisco.com/web/strategy/docs/healthcare/hie.pdf>
6. NeHC Surveys HIE Learning Network on Consumer Engagement Strategies: <http://www.hitechanswers.net/survey-finds-consumer-engagement-top-hie-priority/>
7. Top 5 roadblocks faced by HIE's (good summary): <http://www.govhealthit.com/news/top-5-roadblocks-hies-face>
8. Coopetion among giants: <http://www.management.pamplin.vt.edu/directory/Articles/Gynawali2.pdf>

ILHIE Implementation Pipeline



Missouri	Crawford Memorial Hospital
Near North	Fairfield Memorial Hospital
CIHIE	Franklin Hospital
SIHIE	Gibson Area Hospital and Health Services
Beloved Community Family Wellness Center	Hamilton Memorial Hospital
Centre de Salud Esperanza	Hardin County General Hospital
Chicago Family Center	Hospital & Medical Foundation of Paris Inc
Erie Family Health Center, Inc.	Kewanee Hospital
Heartland Health Outreach	Mason District Hospital
Irene Silva, M.D.	Memorial Hospital
PPC Community Wellness Center	Mendota Community Hospital
Howard Brown Health Center	Salem Township Hospital
Clay County Hospital	Sarah D Culbertson Memorial Hospital
Community Memorial Hospital	Sparta Community
JourneyCare	Washington County

ILHIE currently has
30 signed

EHR Connect

Data Sharing
Agreements!



Public Health Reporting

Steve Linthicum



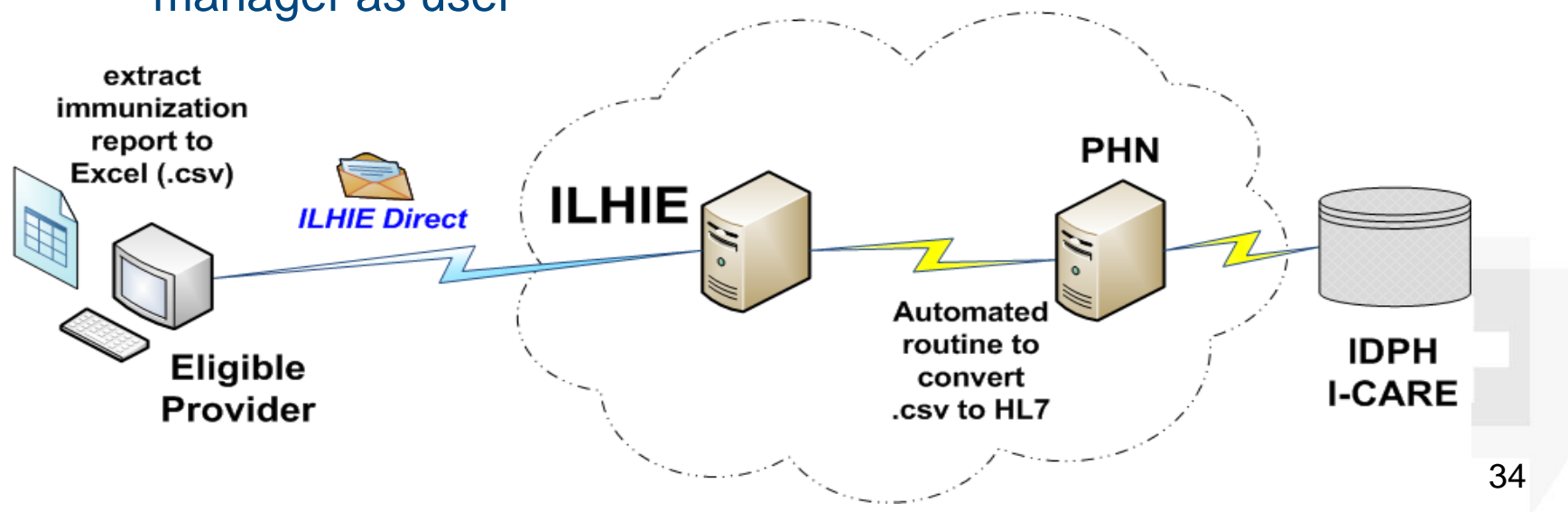
ILHIE Executive Update – Public Health

Mt. Sinai* (+ Holy Cross)	Pinckneyville Comm Hospital Family Med Ctr	Mercy Harvard Hospital	
Northshore*	Community Memorial Hospital - Staunton	Iroquois Memorial Hospital	
Kirby	Fairfield Memorial Hospital	Jersey Community Hospital	
Cadence Health (Central DuPage Hospital, Delnor Hospital)	Franklin Hospital	Presence Health - legacy Provena Urbana, Aurora, Elgin, Joliet, Kankakee, Danville	
Memorial - Belleville	Hammond Henry	Richland Memorial Hospital	
Washington County Hospital	Decatur Memorial	Alexian Brothers	
Touchette Regional Hospital	Adventist Health System	Sarah D Culbertson Memorial Hospital	
Sarah Bush Lincoln Health System	Riverside Healthcare	Kewanee Hospital	
Harrisburg Medical Center	Silver Cross Hospital	Lawrence County Memorial Hospital	
OSF Healthcare System	Paris Community Hospital	Northwest Womens Consultants	
Crawford Memorial Hospital	Gibson Area Hospital	Hamilton Memorial Hospital	
Sparta Community Hospital	Advocate Health Care	Centegra (Woodstock and McHenry)	
Metro South	Hillsboro	SSM Healthcare	
Clay County Hospital	Abraham Lincoln Memorial Hospital	- Mount Vernon, Centralia	
Springfield Memorial Hospital			

Total number of entities = 122

EP Immunization Pilot with ILHIE DIRECT

- Currently working with 2 EP organizations on developing a simple excel spreadsheet to send through DIRECT
 - Simplify descriptions of HL7 message elements to support office manager as user



Financial Activity

Thomas Nowak



Recent Financial Activity

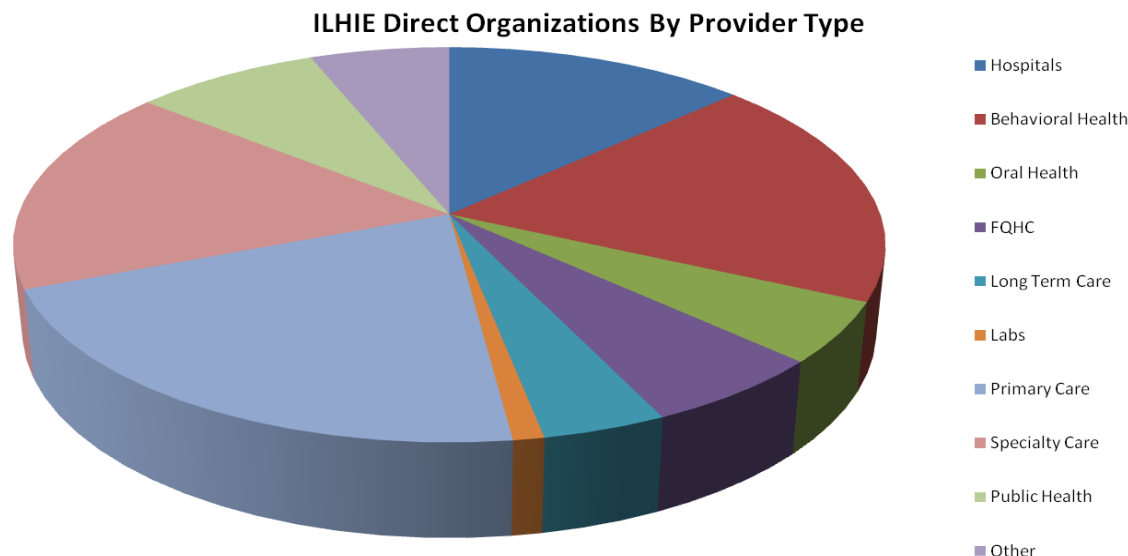
- Current Balance for HIE “0606” Fund: \$1,213,242.00
- Primary sources of revenue:
 - ILHIE Direct
 - 142 customers contracts submitted
 - 84 signed customer contracts received
 - Approximately \$58K in Services invoiced
 - OHIT Remuneration
 - \$3.3M available for remuneration
 - » \$1.2M received for HIE connectivity milestones achieved
 - » Additional payment of \$512,500 being processed

ILHIE DIRECT

Cory Verblen



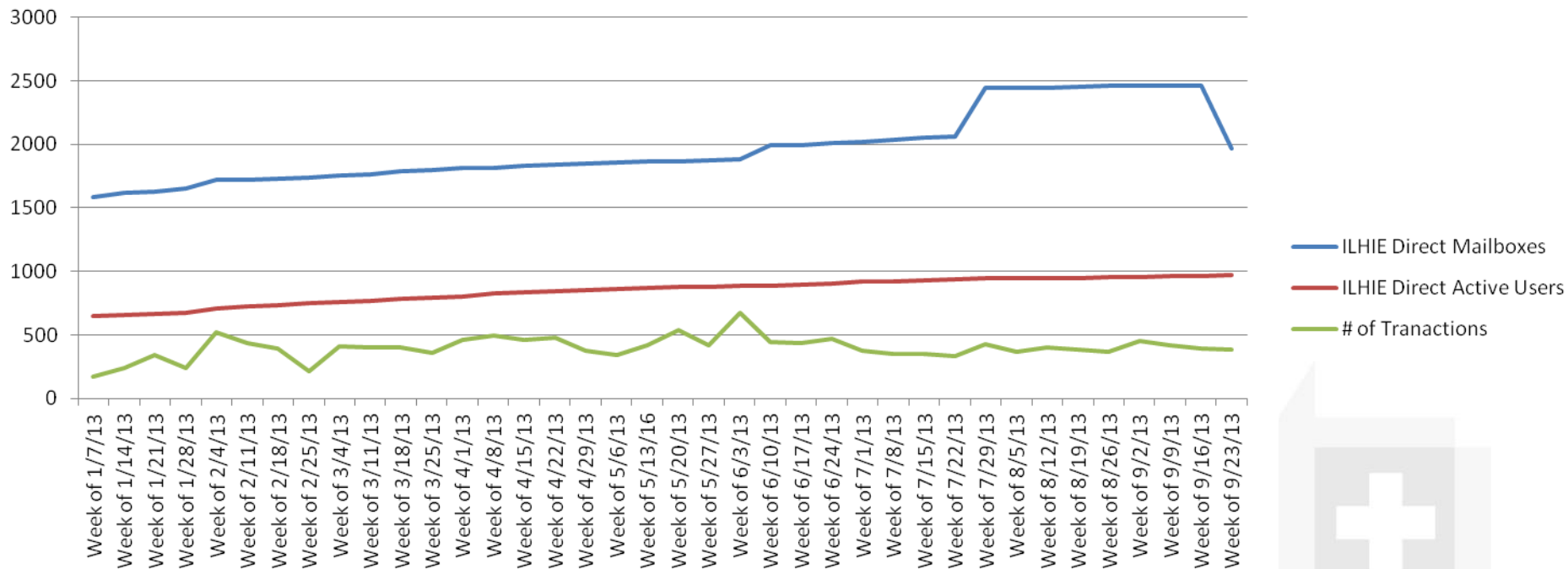
- Successfully transitioned from free to paid service on July 1, 2013
 - Lost some organizations due to non-readiness to pay for the service at this time
- Almost **2,000 active mailboxes**, representing a wide array of provider types:



ILHIE Direct continued



- Utilization remaining steady – now averaging approximately **1,364** transactions per month:



EHR INCENTIVE PROGRAM

Laura Zaremba



Illinois EHR Incentive Program Update

Medicare & Medicaid EHR Incentive Programs Participation in Illinois*

- Registered Medicaid EPs: 4,843 (↑41)
- Registered Medicare EPs: 12,559 (↑235)
- Registered Hospitals: 171(↑2)

- EP Payments: \$272,236,021 (↑ 11.2M)
- Hospital Payments: \$446,451,959 (↑10.3M)
- Total Illinois Payments: \$718,687,980 (↑21.5M)

*Registration Detail: Centers for Medicare & Medicaid Services, *EHR Program Registrations by State and Program Type* as of August 31, 2013.

*Payment Detail: Centers for Medicare & Medicaid Services, *Combined Medicare and Medicaid Payments by States* through August 31, 2013.

ALLIANCE FOR HEALTH UPDATE

Laura Zaremba



- State Health Care Innovation Plan to be submitted by December 31, 2013
- Seeks to leverage ILHIE infrastructure and accelerate ILHIE connectivity
- Calls for additional health IT functions and services:
 - Real time data alerts of ED, admissions, discharges, Rx, lab
 - Common care platform
 - Common assessments
 - All payer claims database
- Draft Plan at: healthcarereform.illinois.gov



ILHIE Data Security & Privacy Committee Report

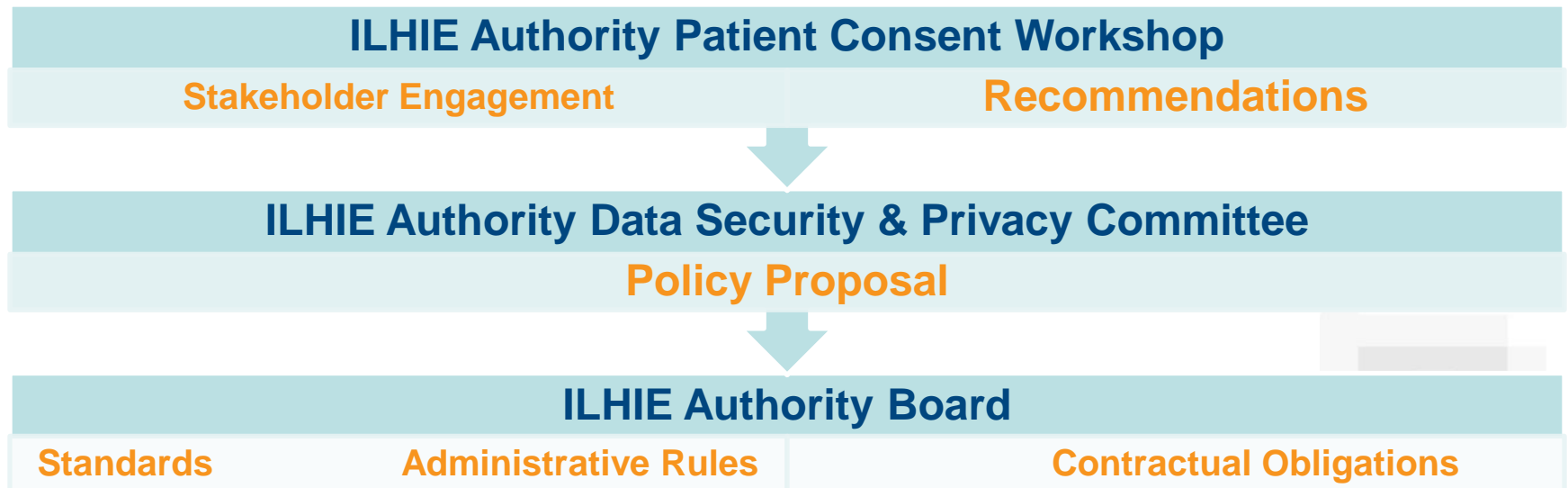
Dr. Nicholas Panomitros



ILHIE Authority Deliberative Process

P.A. 98-0378 (HB1017) delegates responsibility to the ILHIE Authority for statewide detailed implementation guidance on:

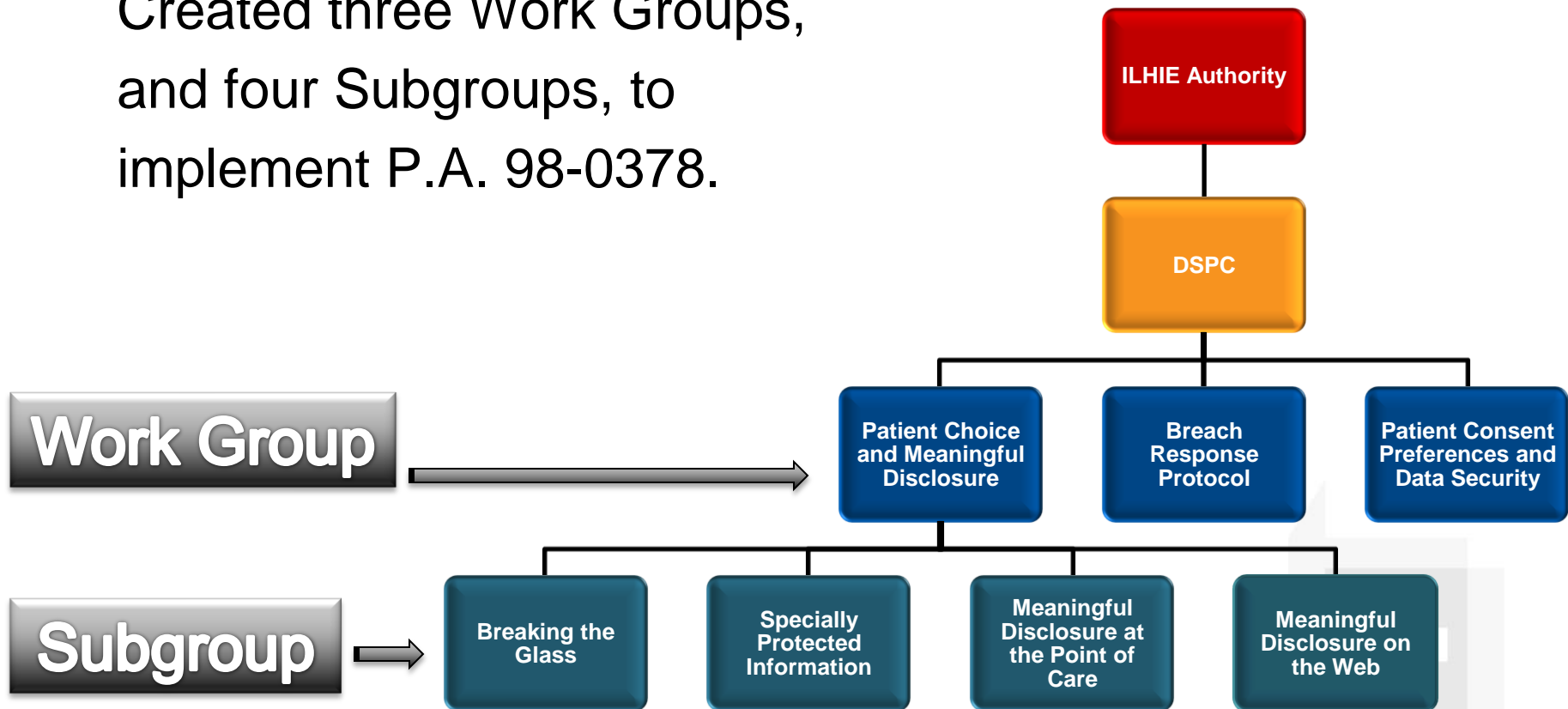
1. Patient opt-out
2. Meaningful disclosure
3. Data segmentation technology review



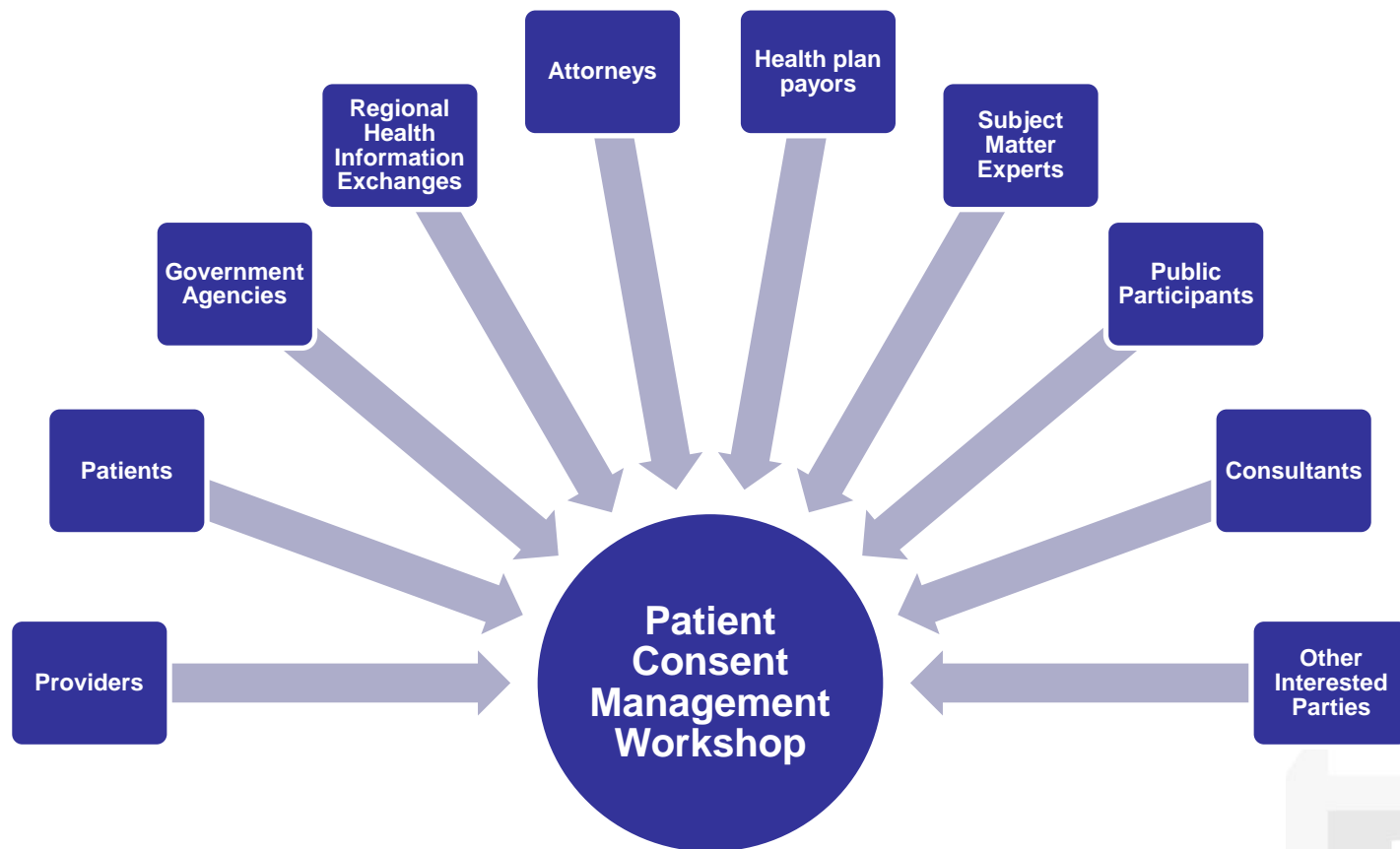
Illinois Patient Consent Management Workshop



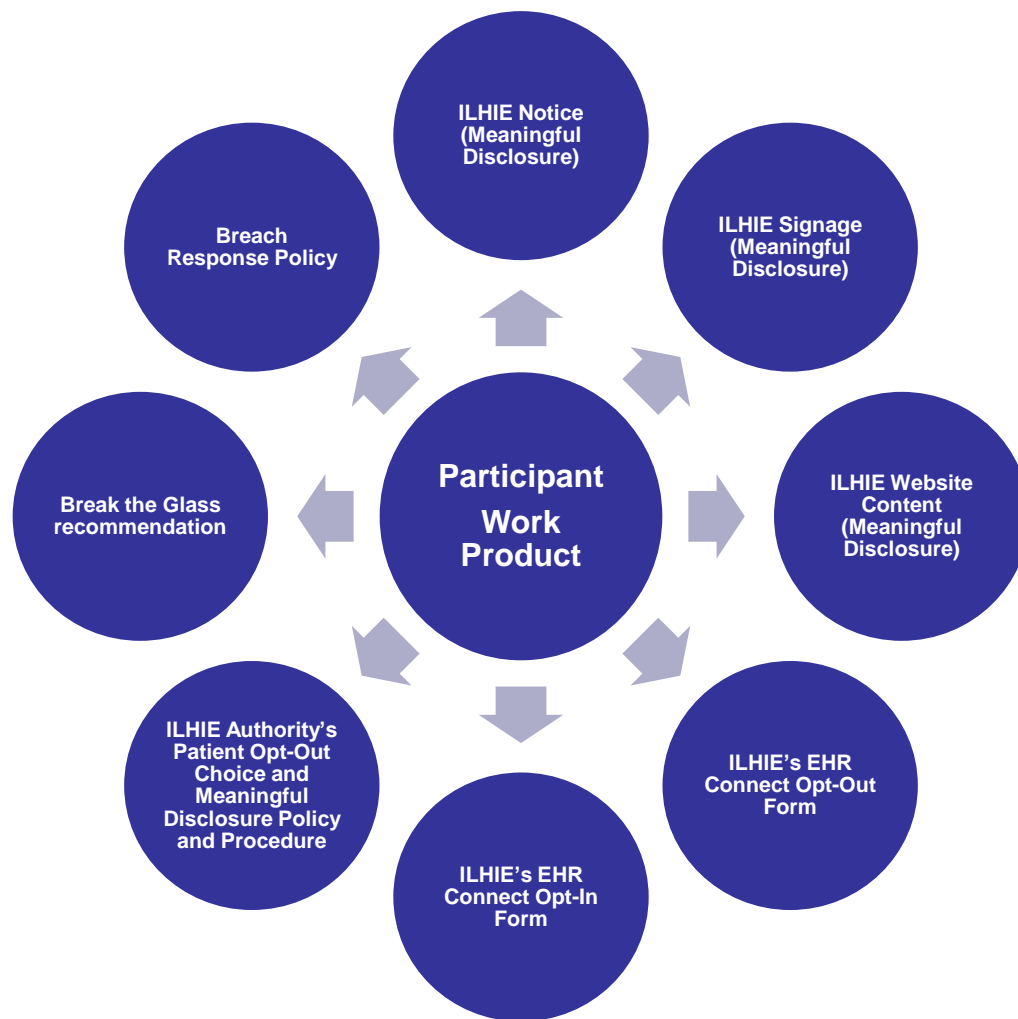
Created three Work Groups,
and four Subgroups, to
implement P.A. 98-0378.



Participating Stakeholder Groups



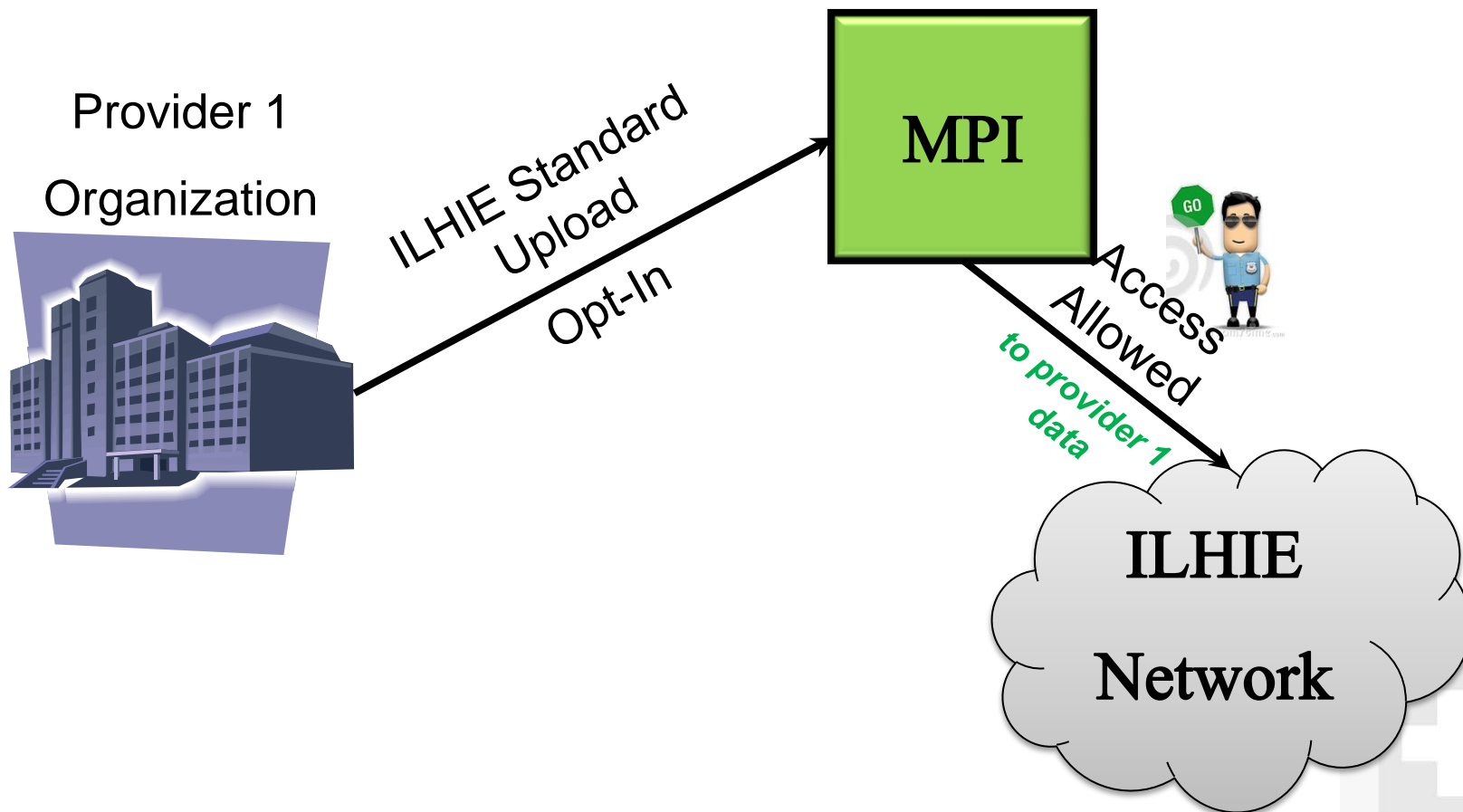
Work Shop Participant Work Product



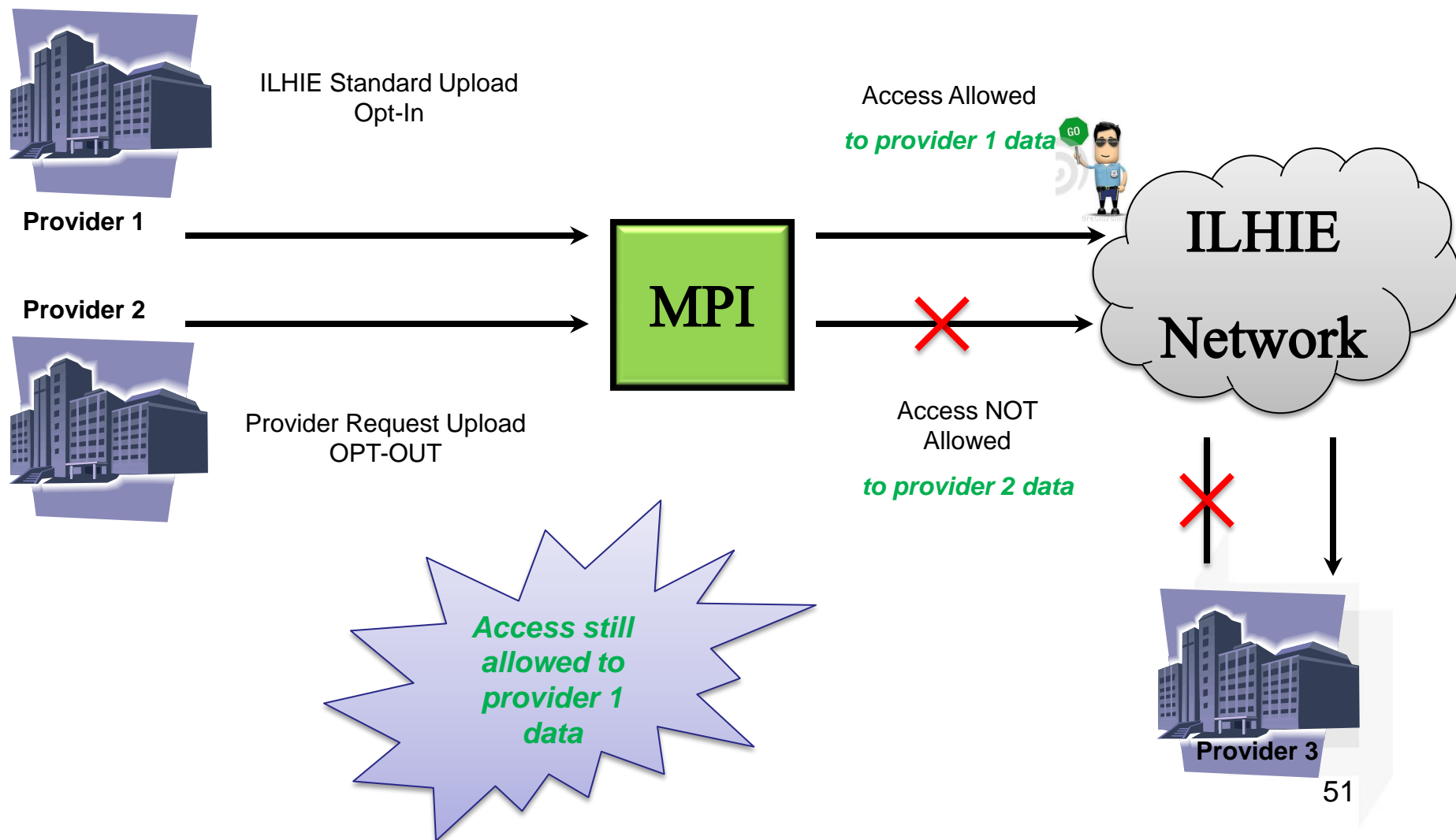
ILHIE Consent and Onboarding

- ILHIE Standard policy sets patient's virtual consent flag to opt-in (opt-out = false).
- Exception: Provider's Data Sharing Agreement sets consent flag to opt-out (opt-out=true), because
 - (1) patient has specially protected health information and provider cannot filter, or
 - (2) provider wants to offer meaningful disclosure before patient is opted in.
- Provider level opt-in by the patient changes the consent flag for that provider's information *only*. It does not affect the consent flag status of other providers.

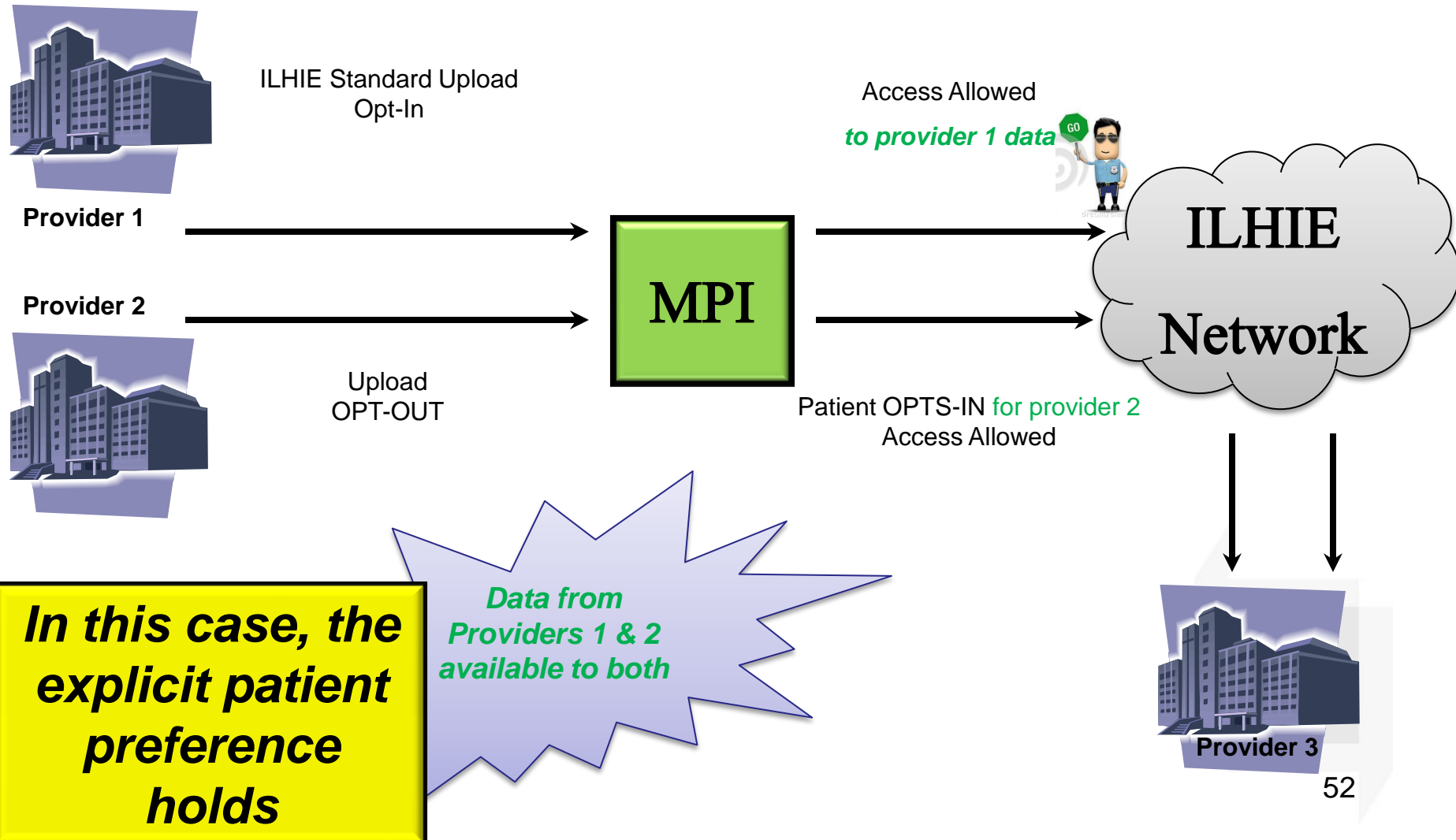
Standard Policy Onboard



Non Standard Onboard – Patient Opted-Out



Patient onboarded as opted-out, then patient opts in



Action Item:

- Resolution 2013-15 Regarding Adoption of the Patient Choice in Data Sharing Recommendations, Forms, Policies and Procedures



ILHIE Governance & Nominating Committee Report

Dr. Cheryl Whitaker



Action Items:

- Resolution for new ILHIE Treasurer
- Resolution for new ILHIE Advisory Committee Members



Regional HIE Updates



MCHIE

SIHIE

LLHIE/IHEP

NIHIE

CIHIE

TriRivers Health Partners



Regional Extension Center Updates



CHITREC

ILHITREC



PUBLIC COMMENT



Next Meetings:
Mid-December conference call – date TBD
January 22, 2014

